

**Californian Department of Veterans Affairs
Homeless Veterans Outreach
2011 Grant Application Package**

The California Department of Veterans Affairs (CDVA) has limited funds available each year to support homeless veterans outreach efforts.

How to Apply:

- Complete the attached application form.
- Attach a complete description of the event. *To include: A program Narrative describing what the plan is for the Stand Down event, how the plan will be accomplished, and planned expenditures. The description should provide the methodology used in determining the cost estimates such as quantity and if the item will be purchased or rented. Will the items be utilized by the participant or assist the volunteer (s) at the event?*
- Attach a completed, signed Payee Data Record (STD 204).
- Submit by mail, fax or e-mail (electronic submissions must be followed by a signed hard copy) to the point of contact listed below.

How much will Each Organization Receive?

- Each applicant will be awarded a pro rata share of the available funds based upon:
 - Number of applications received.
 - Number of days events are held.

Application Due Date: ***April 30, 2011***

Total Amount to be Distributed: Amount to be based on total number of applications received (up to \$1,000 per day).

Allowable Expenditures:

- Rental of facilities and/or tents;
- Payment for special one-time electricity costs, equipment rentals, advertising, event posters, portable toilets, janitorial/kitchen supplies, and communications/internet access;
- The hiring of security personnel;
- Transportation of homeless veterans to and from Stand Down events; and
- Other items and services, as appropriate.

At the present time, Stand Down grant funds may **not** be used to purchase food, bottled water, special monogrammed t-shirts, pen sets, specialty hats (unless for cold weather use by homeless veterans), military and veteran type patches, and memento gifts for staff members/visitors/volunteers.

How will I know how much we were awarded?

- Awardees will receive a purchase order form from CDVA identifying the grant award amount along with a purchase order number to be used on the invoice.

How will funds be disbursed?

- Awardees must make their purchases in advance.

Note: funds cannot be disbursed in advance of the actual purchase

- Awardees must send the CDVA a signed invoice typed on their official letterhead that shows the name, address, and phone number of the organization being paid detailing the following information:
 - CDVA purchase order number
 - Items or services purchased
 - Amounts spent for said items or services
 - Copy of receipts for said items or services **(original receipts and/or invoices should be mailed)**
- The CDVA will authorize the State Controllers Office to disburse funds for the total amount listed on the invoice up to a maximum of the grant award amount identified on the CDVA purchase order.

How much time does it take to get our check?

- Funds will be disbursed approximately 8 to 10 weeks after the invoice is submitted.

Are there any other requirements?

- In order to justify the continued expenditure of these funds, we are asking each grantee to submit an After Action Report (AAR) including information on the services provided and number of Veterans served and placed into housing, as well as a Narrative Comparison of planned activities/expenditures vs. actual activities/expenditures. Additionally, we are asking you request every veteran complete a Veteran Reintegration Project information form to be turned in with your After Action Report. Both the AAR and Veteran Reintegration Project form will be included with the award letter upon application review.

CDVA Point of Contact:

Veronica Badillo
Homeless Veterans Coordinator,
CA Department of Veterans Affairs
PO BOX 942895
Sacramento, CA 95814
Phone: (916) 503-8309
Fax: (916) 653-2563
Email: veronica.badillo@cdva.ca.gov

**Californian Department of Veterans Affairs
Homeless Veteran Outreach
2011 Grant Application**

Applicant's Information:

Sponsoring Organization	
Point of Contact	
Title or Position	
Mailing Address	
Phone Number	
Fax Number	
E-mail Address	
Organization's Website address	

Event Information:

Name of Event			
Type of Event	<input type="checkbox"/> Stand down <input type="checkbox"/> Other _____		
Number of Days	<input type="checkbox"/> One Day <input type="checkbox"/> Two Days <input type="checkbox"/> Three Days <input type="checkbox"/> Four Days		
Date(s)			
Hours of operation			
Location (including street address)			
Estimated Number of Veteran Participants			
Goods (non-food) or services to be funded by the grant:			
	Item	Estimated Cost	
	Total Cost		

Required Attachments:

- Complete Description of Event – What do you plan to do, how do you plan to accomplish it, what agencies/service providers will be present, what type of services will they provide, how many veterans are expected to attend?
- Completed Payee Data Record (Std 204)
- Letter of Intent

Authorized Signature: _____

Date: _____

Due to CDVA no later than April 30, 2011

HONORING CALIFORNIA'S VETERANS

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)

STD. 204 (Rev. 8-2000)

1	INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement. NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.								
2	PAYEE'S LEGAL BUSINESS NAME (Type or Print) <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN (Last, First, MI.)</td> <td style="width: 40%; border: none;">E-MAIL ADDRESS</td> </tr> <tr> <td style="border: none;">MAILING ADDRESS</td> <td style="border: none;">BUSINESS ADDRESS</td> </tr> <tr> <td style="border: none;">CITY, STATE, ZIP CODE</td> <td style="border: none;">CITY, STATE, ZIP CODE</td> </tr> </table>			SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN (Last, First, MI.)	E-MAIL ADDRESS	MAILING ADDRESS	BUSINESS ADDRESS	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
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CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE								
3 PAYEE ENTITY TYPE CHECK ONE BOX ONLY	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): - 		NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.						
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST </div> <div style="width: 45%;"> CORPORATION: <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input type="checkbox"/> ALL OTHERS </div> </div> <hr/> <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: - - 								
	(SSN required by authority of California Revenue and Tax Code Section 18646)								
4 PAYEE RESIDENCY STATUS	<input type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding. <div style="margin-left: 40px;"> <input type="checkbox"/> No services performed in California. <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached. </div>								
5	<p style="text-align: center;">I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 65%; border: none;">AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)</td> <td style="width: 35%; border: none;">TITLE</td> </tr> <tr> <td style="border: none;">SIGNATURE</td> <td style="border: none;">DATE</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">TELEPHONE () - - </td> </tr> </table>			AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE	SIGNATURE	DATE		TELEPHONE () - -
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SIGNATURE	DATE								
	TELEPHONE () - -								
6	Please return completed form to: Department/Office: _____ Unit/Section: _____ Mailing Address: _____ City/State/Zip: _____ Telephone: () - - Fax: () - - E-mail Address: _____								

1	<p><u>Requirement to Complete Payee Data Record, STD. 204</u></p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal revenue Code and the California Revenue and Taxation Code.</p>
2	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>
3	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>
4	<p><u>Are you a California resident or nonresident?</u></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below: Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: wscs.gen@ftb.ca.gov For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov</p>
5	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>
6	<p>This section must be completed by the State agency requesting the STD. 204.</p>
	<p><u>Privacy Statement</u></p> <p>Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.</p> <p>It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.</p> <p>You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business.</p> <p>All questions should be referred to the requesting State agency listed on the bottom front of this form.</p>